PLACE OF BIRTH		NA STATE BO	PARD OF HEALTH State Index No. 2. 2. 2.
District of	ORIGINAL CERT	FIFICATE OF BIRTH	Co. Register No. 503
Town of or City of Blake	(No		Local Registrar's No
FULL NAME OF CHILD Law If child is not named, make Sup	mental Report on bl	Ilbert Pra	uter) ( Born ) YES
Sex of M. Twin, Child Triplet or other	and Numb	er Legiti- Bi	rth Sept 27th 1970 (Month) (Day) (Yr.)
Name Lawrence X.	rauter	Full Maiden Haze Name	MOTHER Spolt.
Residence Globe a	rej	Residence	Ilohe are
*	at lost / 9 thday (Years)	Color or Race Thit	Age at last Birthday (Yêars)
Birthplace Mo.		Birthplace Mo	
Occupation		Occupation Hou	sewife '
Number of child of this mother	Children, of this mather, now living	Were precautions taken a	gainst Ophthalmia nencatorum?
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of the above child; and that it occured on 1271900, at 1/9, M.			
*When there is no attending please or midwife, then the household should make this return.		(Signature)	psician, midrifo, householders)
Given or Christian name added fr	om a	Address	lobe
supplemental report1	91 Filed	D 1921)	18. Sax
379-927-82 COUNTY REGISTRA	3 Filed Ock	A True Copy	LOCAL REGISTRAR.  COUNTY REGISTRAR.
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